(viii) The recommendation of Mashelkar Committee which was constituted by the Government in 2003. to examine all aspects relating to the drug regulatory system in the country including the problem of spurious/sub standard drugs, are being followed for necessary change in legislation as well as improvement of enforcement activities.

A Bill was introduced in the Lok Sabha in December 2003. to amend the said Act to provide stricter penalties to the offenders including a maximum penalty of capital punishment. It was further recommended to make the offences non-bailable and cognizable and to provide for designated courts for speedy trial of cases.

The Cabinet accorded approval for the introduction of Drugs and Cosmetic (Amendment) Bill, 2005, in the Parliament subject to certain modifications, namely, replacing punishment to life imprisonment and increasing the quantum of fines. The Bill is likely to be taken up for consideration and passing in the current Session of Parliament.

The proposed amendments will make the law deterrent to the offenders involved in the manufacture or sale of spurious drugs. The involvement of enforcing agencies like Police will help in speedy investigation to book the culprits and in controlling anti-social elements in such activities.

INFHS-3 on Child Health

72. SHRIMATI SUPRIYA SULE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Family Health Survey-3 has indicated that relatively well-off States like Punjab and Maharashtra do not have adequate primary healthcare services and have actually declined in certain indices;

(b) if so, whether the UNICEF's Chief has pointed out that these figures reflect on the public health system and the infrastructure available in the region;

(c) whether the NFHS-3 data also shows a marginal improvement in nutrition among children; and

(d) if so, whether India needs to increase public spending on health while improving accountability and better monitoring of the health system?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The key findings of the survey paint a mixed picture in the States of Punjab and Maharashtra. The contraceptive use, institutional delivery and maternity care have improved in both the States. The contraceptive use for any modern method has increased by 5.0% and 2.2% in Maharashtra and Punjab respectively. The percentage increase in institutional delivery is 13.5 in Maharashtra and 15.0 in Punjab. The unmet need for the family planning has also reduced but the full immunization coverage of children has declined in the seven year period since the last NFHS survey (1998-99) in both the States of Maharashtra and Punjab. The percentage of anaemic children aged 6-35 months and malnutrition among children under 3 years of age has declined in Maharashtra by 4.1 % and 9.9% respectively but it is almost same in Punjab between the two survey periods. The anaemia among

pregnant women has increased by 5.2% and 4.5% in Maharashtra and Punjab respectively. The percentage of men and women overweight in Maharashtra and Punjab are more than the national level. The obesity is more among the urban women and men as compared to rural areas in both the States.

(b) Since, release of NFHS-3 data on key indicators. UNICEF on various forum have been raising concern on the decline in key child health indicators in States that have historically being top performers. According to UNICEF the fall in key indicators could be attributed to the inadequacy or weakness of primary healthcare service delivery in the concerned States, with other factors also responsible as well.

(c) Yes. There is marginal improvement in nutrition status among children at the national level (0.5%). The improvement is also observed in the nutritional status among children in Punjab and Maharashtra. The percentage of children under weight in Punjab during NFHS-3 (2005-06) is 27% compared to 29% as in NFHS-2 (1998-99). Similarly, the underweight children in Maharashtra during NFHS-3 are 39.7% compared to 49.6% during NFHS-2 (1998-99).

(d) Health is one of the thrust areas, wherein it is proposed to increase the allocation on health sector from 0.9% to 2 - 3% of GDP over the next five years. The National Rural Health Mission is the main vehicle for this initiative arid substantially improved, integrated accountability and monitoring.

Reproductive and Child Health Programme

73. SHRIMATI SHOBHANA BHART1A:
SHRIMATI SUPRIYA SULE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a new scheme, under USAID's Innovations in Family Planning Services has been launched on January 24, 2007 to make India's Reproductive and Child Health Programme more strengthened for women living below the poverty line absolutely free;

(b) if so, the names of the States where the Scheme is likely to be introduced;

(c) if so, the main details of the proposed scheme; and

(d) whether this scheme, when fully implemented, would result in a significant reduction in the maternal mortality rate and infant mortality rate in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes Sir.

(b) Uttar Pradesh

(c) Under the USAID assisted Innovations in Family Planning Services (IFPS) Project, a Pilot Project *viz.* Vouchers Scheme was launched on 24 January, 2007, in seven blocks (Khandauli, Etmadpur, Bichpuri, Akola, Baroli Ahir, Fatehabad and Shamsabad) of Agra District in Uttar Pradesh. The objective of the scheme is to reach out to below poverty-line women with pre and post-natal services on cashless payment basis through identified accredited private nursing homes and hospitals. The services provided include-3 ANC check-ups including 2 TT and 100 IFA.2 PNC check-ups; deliveries of all kinds